

Spot Check Report
(Engineering Practices)

Spot Check of Practice Installation at _____ Field Office

Cooperator or Group Name: _____ Farm No.: _____ Tract No. _____

NHCP Practice Name: _____ Practice Code: _____ Job Class: _____

Practice Cost-Shared? YES ☐ NO ☐ Date Practice Installed: _____ Farm Bill Program: _____

Job Approved By: _____ Date Approved: _____

Is Practice Needed and Practicable? YES ☐ NO ☐ _____Does Practice Meet NRCS Standards and Specifications? YES ☐ NO ☐ _____

Practice Units Performed

<u>Practice Component</u>	<u>Units</u>	<u>Amount Installed</u>	<u>Amount Spot Checked</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Adequacy of Supporting Data: Deficient Adequate or NA

Inventory & Evaluation	<input type="checkbox"/>	<input type="checkbox"/>
Design Drawings and Computations	<input type="checkbox"/>	<input type="checkbox"/>
Survey and Inspection Notes	<input type="checkbox"/>	<input type="checkbox"/>
Final Check and Certification	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Resources Inventory	<input type="checkbox"/>	<input type="checkbox"/>
USF&WS T&E Species List	<input type="checkbox"/>	<input type="checkbox"/>
Other Required Data (<i>List</i>)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Explanation of Deficiencies noted above: _____

Suggested Corrective Action(s): _____

Attach supporting data and additional sheets, if needed. District Conservationist to forward a copy of this Spot Check report to the Area Conservationist and State Conservation Engineer.

*Spot Checker*_____
District Conservationist

Date: _____

Date: _____